

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SEARCHED  
APPLICANT(S)  
10-559742

FILING DATE

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51					
2	/						52					
3	/						53					
4	/						54					
5	/						55					
6	/						56					
7	/						57					
8	/						58					
9	/						59					
10	/						60					
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33	/						83					
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35	/						85					
36	/						86					
37	/						87					
38	/						88					
39	/						89					
40	/						90					
41	/						91					
42	/						92					
43	/						93					
44	/						94					
45	/						95					
46	/						96					
47	/						97					
48	/						98					
49	/						99					
50	/						100					
TOTAL IND.	2											
TOTAL DEP.	11											
TOTAL CLAIMS	13											